

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

IATSE & MPMO  
LOCAL 729

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006  
JUN 03 2006  
RECEIVED

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

JUL 20 2006

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7304</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>ROBERT D. DENNE</u> P.O. Box, Bldg., Room No., if any Street <u>3425 HIGHLAND POINT PL.</u> City <u>SIMI VALLEY</u> State <u>CA</u> ZIP Code + 4 <u>93065</u>	4. Name, file number, and address of labor organization. Name <u>I.A.T.S.E. LOCAL 729</u> Labor Organization File Number <u>729 035689</u> P.O. Box, Building and Room Number, if any Street <u>1511 W. BURBANK BLVD</u> City <u>BURBANK</u> State <u>CA</u> ZIP Code + 4 <u>91506-1314</u>
5. Position in labor organization. <u>TRUSTEE / DeLEGATE</u>	

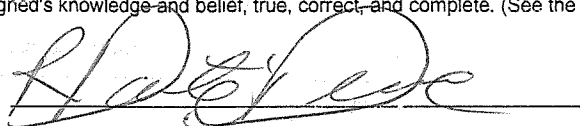
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

7-11-05  
Date

805-857-3885  
Telephone Number

Name of Person Filing <u>ROBERT DANTE DENNE</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px;"></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px;"></div> <p>12.b. Amount. <input type="text"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>CAST + CREW PRODUCTION PAYROLL</u></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <u>100 E. TUTUNGA AVE</u></p> <p>City <u>BURBANK</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>91502</u></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 10px;"><u>EQUIPMENT RENTAL</u></div>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; padding: 5px;"><u>\$1,600<sup>00</sup>xx</u></div>

ROBERT DANTE' DENNE

ENDING PERIOD 12-31-04

C.

FPS PAYROLL SERVICES INC.  
500 S. SEPULVEDA BLVD 4th Floor  
LOS ANGELES, CA 90049

NATURE OF PAYMENT

14.a. EQUIPMENT RENTAL

14.b. \$1,760<sup>00</sup>